

ORIGINALF
IN ORIGINAL OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ MAY 24 2017 ★

BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORKSHELON BAPTISTE349 1609 460

Plaintiff,

[Insert full name of plaintiff/prisoner]

-against-

POLICE OFFICER CHRISTIAN
GONZALEZ SHIELD 9620
32nd Pct

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

CV 17-3167

JURY DEMAND

YES NO **MATSUMOTO, J.****ORENSTEIN, M.J.**

- I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff OFFICER CHRISTIAN

If you are incarcerated, provide the name of the facility and address:

SHELON BAPTISTE 319-1609-460
11-11 HAZEN ST EAST ELMHURST
QUEENS N.Y 11370
349 1609 460

Prisoner ID Number:

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

POLICE OFFICER CHRISTIAN GONZALEZ

Full Name

POLICE OFFICER

Job Title

Address

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Address _____

Defendant No. 4

Full Name _____

Job Title _____

Address _____

Defendant No. 5

Full Name _____

Job Title _____

Address _____

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? MANHATTAN COURT

100 CENTER STREET

When did the events happen? (include approximate time and date) August 27, 2010

Facts: (what happened?) I AM TRANSGENDER MY NAME IS SHELON BAPTISTE 349 1609-460.
I WAS AT THE PRECINCT ON 135 ST & AVE
OFFICER GONZALEZ 9620 AND ANOTHER ESCORTED
ME TO THE MANHATTAN COURT 100 CENTRE ST.
OFFICER GONZALEZ WHILE IN TRANSIT ASK ME
ABOUT SEXUALITY AND MY BREAST IMPLANTS,
WAS I PROSTITUTE. WHEN WE GOT TO THE COURT
HOUSE I ASK TO GO TO THE BATHROOM
FEMALE BATHROOM BUT HE TOOK ME TO THE
MALE CIVIL BATHROOM ON THE 3RD FLOOR IN
THE COURT HOUSE. WHILE IN THE BATHROOM HE
ASK ME DO THANG I'M A WOMEN I REP'
ANSWER I AM WHAT AM! WHO HE HAD
TOOK THE HANDCUFFS OFF. WHEN I FINISH
USING BATHROOM. OFFICER GONZALEZ GAVE ME SANITIZER
TO WASH MY HANDS WHILE WAS USING THE SANITIZER, HE
TOUCH MY BREAST WITH THE HANDCUFFS. I WAS STARTLED
AND FORD SANITIZER ON THE FLOOR IN SPLASH IN HIS EYES. →
██████████ PAGE

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

HE HIT ME IN MY HEAD WITH HANDCUFFS.

OFFICER GONZALEZ HIT ME WITH THE HANDCUFFS
AT MY HEAD. WE FOUGHT IN THE BATHROOM
I WAS TRYING TO PROTECT MYSELF.

ON BACK PAGE

~~DOES A CAMELOT~~

IF IT WASN'T FOR CAMERAS IN THE
HALLWAY THEY WOULD HAVE KILLED ME.

SOMEONE FROM NEWSPAPER WANTS
TO TAKE MY STORY.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I WANT them TO DROP THE CHARGES!
They HAVE charged me with
ASSAULT IN FIRST DEGREE
ASSAULT IN SECOND DEGREE
ASSAULT IN THIRD DEGREE
ATTEMPT TO COMMIT THE CRIME OF AGGRAVATED ASSAULT
ESCAPE IN THE FIRST DEGREE

I declare under penalty of perjury that on MAY 18 2017, I delivered this
complaint to prison authorities at RNDC C-74 (date)
(name of prison) to be mailed to the United
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: MAY 18 2017

Sharon Baptiste
Signature of Plaintiff

RNDC 1H11-HAZEN ST
Name of Prison Facility or Address if not incarcerated
FASTELMONT ST QUEENS
N.Y 11370

Address

3419-1609-460
Prisoner ID#